

APPLICATION DATA SHEET

Inventor Information

Inventor One Given Name:: Kamehameha Kay-Min
 Family Name:: WONG
 Name Suffix:: Jr.
 Postal Address Line One:: 678 W. Alegria Avenue
 Postal Address Line Two::
 City:: Sierra Madre
 State or Province:: California
 Country:: U.S.A.
 Postal or Zip Code 91024
 Citizenship Country:: U.S.A.

Inventor Two Given Name:: Saswati
 Family Name:: CHATTERJEE
 Name Suffix::
 Postal Address Line One:: 678 W. Alegria Avenue
 Postal Address Line Two::
 City:: Sierra Madre
 State or Province:: California
 Country:: U.S.A.
 Postal or Zip Code 91024
 Citizenship Country:: Canada

Inventor Three Given Name:: Joel
 Family Name:: CONRAD
 Name Suffix::
 Postal Address Line One:: 250½ N. Mills Avenue
 Postal Address Line Two::
 City:: Claremont
 State or Province:: California
 Country:: U.S.A.
 Postal or Zip Code 91711
 Citizenship Country:: U.S.A.

Inventor Four Given Name:: Stella
 Family Name:: KIM
 Name Suffix::
 Postal Address Line One:: 8148 Genesse Avenue
 Postal Address Line Two:: #129
 City:: San Diego
 State or Province:: California
 Country:: U.S.A.
 Postal or Zip Code 92122
 Citizenship Country:: U.S.A.

50 **Correspondence Information**
51
52 Correspondence Customer Number:: 6449
53
54 **Application Information**
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57 Title Line Two::
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65
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67
68 **Representative Information**
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72 **Continuity Information**
73
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76 >Application One:: 60/432,258
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80 **Assignment Information**
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82 Assignee name:: City of Hope
83 Street of mailing address:: 1500 East Duarte Road
84 City of mailing address:: Duarte
85 State of mailing address:: California
86 Zip code of mailing address:: 91010-0269
87 Country of mailing address:: USA